

Acquired Brain Injury Waiver

Waiver Services

- Chore Services
- Community Living Supports
- Companion Services
- Family Assistance and Support
- Homemaker Services
- Non-medical Transportation
- Personal Emergency Response System
- Respite Care
- Specialized Medical Equipment
- Structured Day Program
- Support Coordination
- Supported Employment

Purpose and Eligibility

Purpose

This waiver is designed to provide services statewide to help people with acquired brain injury remain in their homes or other community based settings. Individuals are able to live as independently as possible with supportive services provided through this waiver.

Eligibility Requirements

- Be 18 Years of Age or older
- Have a documented brain injury
- Require nursing facility level of care
- Meet financial eligibility requirements for Medicaid
- Primary condition cannot be attributable to a mental illness.

Limitations and Contact Info

Limitations

- Serves a limited number of individuals
- There is a waiting list to get on this waiver
- Individuals can use only those services they are assessed as needing

Contact Information

Division of Services for People with Disabilities
120 North 200 West
SLC, UT 84103
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General Information

Utah Has Six Medicaid 1915(c) HCBS Waivers

- Waiver for Individuals Age 65 or Older
- Acquired Brain Injury Waiver
- Community Supports Waiver for Individuals with Intellectual Disabilities or Other Related Conditions
- Physical Disabilities Waiver
- New Choices Waiver
- Waiver for Technologically Dependent Children (only waiver managed by UDOH Bureau of Managed Care)

What is a Medicaid Waiver?

- In 1981, Congress passed legislation allowing states greater flexibility in providing services to people living in community settings.
- This legislation, Section 1915(c) of the Social Security Act, authorized the "waiver" of certain Medicaid statutory requirements.
- The waiving of these mandatory

statutory requirements allowed for the development of joint federal and state funded programs called Medicaid 1915(c) Home and Community Based Services Waivers.

How does the 1915(c) HCBS Waiver work?

- The Utah Department of Health, Division of Health Care Financing (HCF - Medicaid) has a contract with the Centers for Medicare and Medicaid Services (CMS - the federal Medicaid regulating agency) that allows the state to have a Medicaid 1915(c) HCBS Waiver.
- The contract is called the State Implementation Plan and there is a separate plan for each waiver program.
- The State Implementation Plan defines exactly how each waiver program will be operated.
- All State Implementation Plans include assurances that promote the health and welfare of waiver recipients and insure financial accountability.

What are the characteristics of a waiver?

- States may develop programs that provide home and community based services to a limited, targeted group of individuals (example: people with brain injuries, people with physical disabilities, or people over the age of 65)
- Individuals may participate in a waiver only if they require the level of care provided in a hospital nursing facility (NF) or an intermediate care facility for people with mental retardation (ICF/MR).
- States are required to maintain cost neutrality which means the cost of providing services to people at home or in the community has to be the same or less than if they lived in a nursing facility.
- Services provided cannot duplicate services provided by Medicaid under the Medicaid State Plan
- States must provide assurances to the Center for Medicare & Medicaid Services (CMS) that necessary safeguards are taken to protect the health and welfare of the recipients of a waiver program.